New Jersey Department of Health and Senior Services
Division of Health Facilities Evaluation and Licensing
Assessment and Survey Program / Complaint Unit
PO Box 367
Trenton, NJ 08625-0367

Hotline: 1-800-792-9770, Select #1
Fax: 609-943-4977 or 609-633-9060

CONSUMER RESIDENT COMPLAINT REPORT

Please answer all questions fully and deal with only one event per report.

Today's Date *(MM/DD/YYYY)*:

Date of Event *(MM/DD/YYYY)*:

Time of Event:

☐ AM ☐ PM

This form can be used to report complaints pertaining only to the facility types listed below, which are under the jurisdiction of the Division of Health Facilities Evaluation and Licensing.

Select Facility Type:

☐ Nursing Home ☐ Residential Facility ☐ Sub-Acute Care Facility
☐ Assisted Living or Comprehensive Personal Care Home ☐ Assisted Living Program
☐ Intermediate Care Facility for the Mentally Retarded ☐ Adult/Pediatric Day Health Services

Full Name of Facility:

Street Address:

City:

State:

Zip Code:

Facility Telephone Number *(if known)*:

Name of Person Reporting:

Home Telephone Number:

Work Telephone Number:

Cell Phone Number:

Relationship:

☐ Family Member ☐ Employee ☐ Friend ☐ POA ☐ Visitor
☐ Legal Guardian ☐ Consumer ☐ Anonymous ☐ Former Employee ☐ Resident

Street Address of Person Reporting:

City:

State:

Zip Code:

CONSUMER RESIDENT COMPLAINT RECORD
(Continued)

Type of Incident:

- ☐ Unexpected Death
- ☐ Involuntary Discharge (out of facility)
- ☐ Involuntary Transfer (within facility)
- ☐ Elopement (resident left the building without staff knowledge)
- ☐ Staff-to-Resident Abuse
- ☐ Environmental Emergency
- ☐ Resident Care Issues
- ☐ Resident-to-Resident Abuse
- ☐ Theft of Resident's Belongings/Money
- ☐ Interruption of Service (i.e., water, electric)
- ☐ Injury
- ☐ Medication Error
- ☐ Other

Resident Name:	Room Number:	Date of Birth / Age:

Narrative:

1) Describe the event; be specific, include timeframes, staff/others involved.

NOTE: Additional information will be requested if necessary.

CONSUMER RESIDENT COMPLAINT RECORD
(Continued)

2) Was this reported to the facility staff?
☐Yes ☐No

3) If Yes, to whom did you report the incident/event?

4) What action was taken by the facility? Include this answer in narrative above.

5) Was this reported to any other agency?
☐Yes ☐No

6) If yes, what was the agency? i.e. Ombudsman, police

All complaints are handled as quickly as possible based upon severity guidelines & priority standards.

If an address is provided, a written response will be sent upon conclusion of the investigation.

Response time may be as long as 6 to 8 weeks after the completion of an investigation.

FOR NJDHSS USE ONLY

Reviewed By (Surveyor ID Number and Initials):

Date (MM/DD/YYYY):

Other Review (ID Number and Initials):

Date (MM/DD/YYYY):

Disposition:

☐ Pending ☐ No Action ☐ Complaint Investigation

☐ Referral, Specify:

☐ Closed, Specify Date Closed:

Comments: